



Montana Public Employee Retirement Administration
 PO Box 200131 • Helena MT 59620-0131
 (406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

PERS RETIREMENT PLAN CHOICE - IRREVOCABLE ELECTION

MEMBER INFORMATION			
Last Name	First Name, MI	Social Security Number* - -	
Date of Birth / /	Employing Agency	Hire Date	
Member's Mailing Address			
City	State	Zip Code	
Daytime Phone Number ()	Email Address		

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

PERS Member Election Choices

Step 1: Make an election

- **If you are a public employee, you have two choices available to you:**
 1. a defined benefit retirement plan (DBRP); or
 2. a defined contribution retirement plan (DCRP)

Sign and date either the DBRP or DCRP election on the back of this form to indicate your choice.

- **If you are a University System employee, you have three plan choices available to you:**
 1. a defined benefit retirement plan (DBRP); or
 2. a defined contribution retirement plan (DCRP); or
 3. the Montana University System - Retirement Program (MUS - RP)* (currently administered by TIAA-CREF).
*This option is available only to University employees.

Sign and date either the DBRP, DCRP or MUS - RP election on the back of this form to indicate your choice.

Please select only one choice on the back of this form.

Step 2: Return Your Original* Signed Election Form

Once you have made your retirement plan election on the back of this sheet, return this election to:

Montana Public Employee Retirement Administration (MPERA)
 PO Box 200131
 Helena, MT 59620-0131

* MPERA must have your **original** signed election form, not a copy.
 If you do not make an election, you will remain a member of the Defined Benefit Retirement Plan (DBRP).

MPERA USE ONLY
Received: _____
Posted: _____
Window Close: _____

DEFINED BENEFIT RETIREMENT PLAN (DBRP) ELECTION:

I choose to exercise my **irrevocable** election to remain in the PERS Defined Benefit Retirement Plan (DBRP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with MPERA, I cannot change my election except as outlined below:

I understand that this decision means that I remain a participant of the DBRP and am entitled to a retirement benefit from that plan when eligible. I will remain a participant of the DBRP as long as I remain a member of PERS. I cannot become a participant of the DCRP unless I terminate employment in a PERS covered position, terminate membership in PERS, and resume employment in a PERS-covered position twenty-four (24) or more months following termination of PERS membership.

Member Signature

Date

DEFINED CONTRIBUTION RETIREMENT PLAN (DCRP) ELECTION:

I choose to exercise my **irrevocable** election to join the PERS Defined Contribution Retirement Plan (DCRP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with MPERA, I cannot change my election except as outlined below:

I understand that this decision means I am no longer a participant of the DBRP and I am not entitled to a retirement benefit from that plan. I will remain a participant of the DCRP as long as I remain a member of PERS. I cannot become a participant of the DBRP unless I terminate employment in a PERS-covered position, terminate membership in PERS, and resume employment in a PERS-covered position twenty-four (24) or more months following termination of PERS membership.

I further understand that my past contributions to the DBRP and, as set by statute, a percentage of my employer's past contributions, and interest on both, will transfer to my account in the DCRP. My future retirement contributions and a statutorily-defined portion of my employer's future retirement contributions will be placed in my DCRP account. I understand that administrative expenses will be deducted from my DCRP account. I assume the risk of any gains or losses resulting from my investments of my DCRP account. § 19-3- 2117, MCA

Member Signature

Date

Additional Option Available to University System Employees

MONTANA UNIVERSITY SYSTEM - RETIREMENT PROGRAM (MUS - RP) ELECTION:

I choose to exercise my **irrevocable** election to join the Montana University System - Retirement Program (MUS - RP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with MPERA, I cannot change my election except as outlined below:

I understand that this decision means I am no longer a member of PERS and I am not entitled to a retirement benefit from PERS. I will remain a participant of the MUS - RP as long as I remain an employee of the Montana University System. I cannot become a member of PERS unless I terminate employment with the Montana University System and become employed in a non-Montana University System PERS-covered position.

I further understand that my past contributions to the DBRP and, as set by statute, a percentage of my employer's past contributions, and interest on both, will transfer to my account in the MUS - RP. My future retirement contributions and a statutorily-defined portion of my employer's future retirement contributions will be placed in my MUS - RP account. I understand that administrative expenses will be deducted from my MUS - RP account. I assume the risk of any gains or losses resulting from my investments of my MUS - RP account. §§ 19-3-2112 and 2117, MCA

Member Signature

Date